



Environmental Protection Agency

1701 S. First Street Maywood, IL 60153

699

312/345-9780

Refer to: General - Kane County - Elgin/Burren Transfer
ILD008871782

RECEIVED

April 15, 1982

APR 19 1982

Burren Transfer
Berkley & Second Streets
Elgin, Illinois 60120

WASTE MANAGEMENT BRANCH
EPA, REGION V

Attn: James Schock

Dear Mr. Schock:

An inspection of the above facility was conducted by a representative of the Illinois Environmental Protection Agency (IEPA) on February 9, 1982. The inspection was conducted by the Illinois Environmental Protection Agency under a Cooperative Arrangement with, and authorization of, the United States Environmental Protection Agency (USEPA). A copy of the inspection report is enclosed. The purpose of the inspection was to determine your facility's compliance status with the Resource Conservation and Recovery Act (RCRA) of 1976, P.L. 94-580, as amended. Your facility was found to be in general compliance, however, the following deficiencies were noted.

Manifest document #0425086 had no generator I.D. number. Document #0555234 had an improper DOT shipping description and no hazard class. Document #0314351 had no shipping description and no USEPA hazardous waste number. Document #0332698 had no hazard class. Document #0332702 had no shipping description. Document #0027640 had no transporter I.D. number and no site I.D. number.

We request that you take action to prevent the future occurrence of these problems. Your cooperation and efforts in this matter are appreciated. Should you have any questions, please contact Jim Wiggins at the above number.

Sincerely,

Kenneth P. Bechely, Northern Region Manager
Field Operations Section
Division of Land/Noise Pollution Control

KPB:JKW:prb

Enclosure: Inspection Report

cc: Division File
Northern Region
U.S. E.P.A. - Region V

TO: Commissioner's File DATE: 2/11/82FROM: Jim Wiggins ☒ Information onlySUBJECT: Kankakee County - Geneseo, Ill. / Brown Transfer ☐ Response requested

A Transfer Act 1985 inspection was conducted at Brown Transfer, 8 Oakley and Second Streets in Elgin on February 9, 1982. James Schuch, the Vice President of Sales was interviewed during the inspection. Brown is strictly a transporter, they have no on-site treatment, storage or disposal and do not generate any wastes. Signed, completed manifests are on file available for review. However, the following violations were observed... Manifest document # 0425086 had no federal ID number for the generator. Document # 034251 had no shipping description and no USEPA hazardous waste number on it. Document # 0332698 had no hazard class on it. Document # 0355234 had no shipping description or hazard class on it. Document # 0372762 had no shipping description. Document # 0327640 had no transporter federal ID number, & no site federal ID number on it.

STATE IDENTIFICATION NUMBER
(If Applicable)

ILD 008871782
EPA IDENTIFICATION NUMBER

RCRA INSPECTION REPORT - INTERIM STATUS STANDARDS
Form C - Transporter Inspection
(40 CFR Part 263)

I. General Information:*

(A) Transporter Name: Burnens Transfer
(B) Street: Berkley and Second Streets
(C) City: Elgin (D) State: Ill. (E) Zip Code: 60120
(F) Phone: (312) 7413840 (G) County: Randolph
(H) Date of Inspection: 2/9/82 Time of Inspection (From) 10:00 AM (To) 11:00 AM
(I) Weather Conditions: 15° F - sunny

(J) Person(s) Interviewed	Title	Telephone
<u>James Schock</u>	<u>Vice President of Sales</u>	<u>(312) 7413840</u>
_____	_____	_____
_____	_____	_____

(K) Inspection Participants	Agency/Title	Telephone
<u>James Schock</u>	<u>Burnens / V.P. of Sales</u>	<u>(312) 7413840</u>
<u>Jim Wiggins</u>	<u>EPA / Environmental Protection Specialist</u>	<u>(312) 3459780</u>
_____	_____	_____

(L) Preparer Information	Agency/Title	Telephone
Name: <u>Jim Wiggins</u>	<u>EPA / Environmental Protection Specialist</u>	<u>(312) 3459780</u>

*If site is also a generator do not complete Section I of this form.

Do not use this form if transporter is also a treatment, storage, and/or disposal facility.
Complete form "A" if the transporter is also a TSD facility.

II. OTHER TYPES OF HAZARDOUS WASTE ACTIVITY

(A) _____ Treatment, Storage, and/or Disposal

(B) _____ Generator (Form B)

(If site is also a generator or TSD, attach this form to form "A" or "B" as appropriate.)

Briefly describe site activity: Bureau transfer is strictly a transporter.
They have no on site treatment, storage or disposal and
do not generate any wastes.

III. MANIFEST SYSTEM AND RECORDKEEPING (Subpart B)

Yes	No	NI*	Remarks
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(A) Are copies of the completed manifests or shipping paper(s) available for review and retained for three years?

☒

IV. INTERNATIONAL SHIPMENTS

Yes	No	NI*	Remark Number
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A. Does the Transporter record on the manifest the date the waste left the U.S?

☒

B. Are signed completed manifest(s) on file?

☒

*Not Inspected

Rev. 1-26-81/J.B.

V. MISCELLANEOUS

A. Does transporter haul
Hazardous Waste into the
U.S. from Abroad?

— ☒ —

B. Does the transporter mix
Hazardous Waste of different
DOT shipping descriptions
by placing them into a single
container?

— ☒ —

NOTE: If (A) or (B) were answered "Yes" then the Transporter is also a Generator and must
comply with the Generator Regulations.

VI. REMARKS

Remarks: Completed Manifests are on file, however some were noted
with improper DOT shipping descriptions, no Federal ID numbers,
no USEPA hazardous waste numbers etc.

INSPECTION REVIEW FORM

NAME OF FACILITY: Burren Transfer

ID NO. 1LDD008871782

LOCATION: (Address): Berkley : Second St. S.
Elgin, IL 60120

OPERATION: G (T) TSD
(Circle Appropriate)

INSPECTOR (S) F J

DATE OF INSPECTION: 2-9-82

NAME OF REVIEWER & DATE: SK Swanson 5-4-82

COMPLIANCE STATUS
(circle one) IN (OUT)

VIOLATION CLASSIFICATION: None I II (III)

STATE ACTION: Sent warning letter 4-15-82

RECOMMENDED ACTION:

NONE (MONITOR STATE) ; LETTER ADMINISTRATIVE COMPLAINT REFERRAL

ASSIGNEE: _____

DATE ASSIGNED: _____

cc: Unit Inspection Log

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

001780 APR 16 81

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED
(yr., mo., & day)

F I L D 0 0 8 8 7 1 7 8 2 2 1 A 8 1 0 3 2 0

I. NAME OF INSTALLATION

BURREN TRANSFER COMPANY

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3 2ND AND BERKLEY STREETS

CITY OR TOWN

ST.

ZIP CODE

4 ELGIN

IL 60120

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5 SAME

CITY OR TOWN

ST.

ZIP CODE

6

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

2 SCHOCK JAMES C. SALES MGR 312-741-3840

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 BURREN TRANSFER COMPANY (AN ILLINOIS CORP)

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F = FEDERAL
M = NON-FEDERAL

M

☐ A. GENERATION☒ B. TRANSPORTATION (complete item VII)☐ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☒ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

I L D 0 0 8 8 7 1 7 8 2

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

MAR 20 1981

WILDD00887178221

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F001	2 F002	3 F004	4	5	6
7	8	9	10	11	12

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
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E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

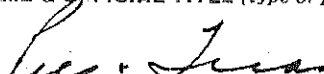
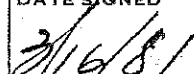
X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME & OFFICIAL TITLE (type or print)

DATE SIGNED



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

ILD008871782

REACKNOWLEDGEMENT

INSTALLATION ADDRESS

BURREN TRANSFER COMPANY
2ND AND BERKLEY STREETS
ELGIN

IL 60120

2ND AND BERKLEY STREETS
ELGIN

IL 60120

CHICAGO
626-8624

WALTER SCHOCK
President

Burren Transfer Co.

Elgin 741-3840 741-3841
SECOND AND BERKLEY ST.
ELGIN, ILLINOIS 60120

ROCKFORD
963-8615

G. J. ADAMS
Secretary

DAILY SERVICE
TO

ADDISON
ALGONQUIN
AURORA
BELVIDERE
CHICAGO
CRYSTAL LAKE
DE KALB
DES PLAINES
DIXON
DUNDEE
ELGIN
ELMHURST
FREEPORT
GENOA
HARVARD
LIBERTYVILLE
MARENGO
OREGON
ROCHELLE
ROCKFORD
ST. CHARLES
STERLING
SYCAMORE
WAUKEGAN
WHEATON
WOODSTOCK

AND ALL
INTERMEDIATE
POINTS


Mr. Y.J. Kim
EPA Region V
RCRA Activities
P.O. Box 7861
Chicago, Illinois 60680

Dear, Mr. Kim,

I have enclosed a notification of hazardous waste activity. Burren Transfer Company is anticipating transporting hazardous waste for Saftey Kleen Corp. Elgin, Illinois. This is the first time we have handled such waste and we are requesting that your office assign us an EPA I.D. Number.

Thank you very much for your consideration.

Sincerely,


James Schock

ID # LD00887178Z

FACILITY NAME Burien Transfer Co

LOCATION Elgin

COMPLIANCE STATUS: IN OUT
VIOLATION CLASS: I II III
G TSD

REVIEWER:
DATE:

INSPECTION REVIEW

ACTION ITEM	STRT DATE	END DATE	RPT COMP	STAT CODE	RESP AGCY	RESP PERS	COMM	FREE FLDS	TYPE INSP	PART AGCY	LINK
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ENFORCEMENT ACTIONS

ACTION ITEM	DATE ISUD	DATE DUE	DATE RECD	STAT CODE	STAT DATE	RESP AGCY	RESP PERS	COMM	FREE FLDS	PLTY ASSD	PLTY CLTD	DTHR COM	DTHR COMP	LINK
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3 82/04/15 82/05/01

X 82/04/15 S

10101

COMMENTS: